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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 11739/9

First Named Inventor Michael LoCascio et al.

**COMPLETE IF KNOWN**

Application Number To Be Assigned

Filing Date Herewith

Group Art Unit To Be Assigned

Examiner Name To Be Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPTICAL TIME DIVISION MULTIPLEXING/DEMULTIPLEXING SYSTEM**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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☐ Correspondence address below

**Name** KENYON & KENYON

**23838**

PATENT TRADEMARK OFFICE

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**State**  
D.C.

**ZIP**  
20005-1257

**Country**  
UNITED STATES

**Telephone**  
202-220-4200

**Fax**  
202-202-4201

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name** Michael

**Family Name** LoCascio  
or Surname

**Inventor's  
Signature**

*Michael LoCascio*

**Date**

6/12/01

**Residence: City**  
Albany

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**Country**  
United States

**Citizenship**  
United States

**Mailing Address** 381 State Street

**Mailing Address**

**City**

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**State**

NY

**ZIP**

12210

**Country**

United States

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name** Clinton T.

**Family Name** Ballinger  
or Surname

**Inventor's  
Signature**

*Clinton T. Ballinger*

**Date**

6/18/01

**Residence: City**  
Burnt Hills

**State**  
New York

**Country**  
United States

**Citizenship**  
United States

**Mailing Address** 1 Stewart Court

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Burnt Hills

**State**

New York

**ZIP**

12027

**Country**

United States

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Chester A.</b>		Family Name <b>Pratt</b> or Surname	
Inventor's Signature	<i>Chester A. Pratt</i>		Date <i>6/18/01</i>
Residence: City <b>Schenectady</b>	State <b>New York</b>	Country <b>United States</b>	Citizenship <b>United States</b>
Mailing Address <b>102 Maria Court</b>			
Mailing Address			
City <b>Schenectady</b>	State <b>NY</b>	ZIP <b>12306</b>	Country <b>United States</b>
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Daniel P.</b>		Family Name <b>Landry</b> Or Surname	
Inventor's Signature	<i>Daniel P. Landry</i>		Date <i>6/18/01</i>
Residence: City <b>Clifton Park</b>	State <b>New York</b>	Country <b>United States</b>	Citizenship <b>United States</b>
Mailing Address <b>11 Woods Way</b>			
Mailing Address			
City <b>Clifton Park</b>	State <b>New York</b>	ZIP <b>12065</b>	Country <b>United States</b>
<input checked="" type="checkbox"/> No Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	To Be Assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael LoCascio
<b>Group Art Unit</b>	To Be Assigned
<b>Examiner Name</b>	To Be Assigned
<b>Attorney Docket Number</b>	11739/6

I hereby appoint:

: Practitioners at Customer Number  →

**OR**

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

: The above-mentioned Customer Number.

**OR**

<b>9 Firm or Individual Name</b>	KENYON & KENYON				
<b>Address</b>	1500 K Street N.W., Suite 700				
<b>Address</b>					
<b>City</b>	Washington	<b>State</b>	D.C.	<b>ZIP</b>	20005-1257
<b>Country</b>	United States				
<b>Telephone</b>	202-220-4200	<b>Fax</b>	202-220-4201		

We are the:

: Applicants.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicants or Assignee of Record**

<b>Name</b>	<b>Michael LoCascio</b>
<b>Signature</b>	<i>Michael LoCascio</i>
<b>Date</b>	6/17/01
<b>Name</b>	<b>Clinton T. Ballinger</b>
<b>Signature</b>	<i>Clinton T. Ballinger</i>
<b>Date</b>	6/19/01

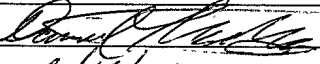
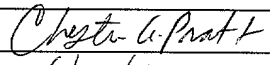
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Name	<b>Daniel P. Landry</b>
Signature	
Date	6/18/01
Name	<b>Chester A. Pratt</b>
Signature	
Date	6/18/01
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>	
<p>Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.</p>	
<p>: *Total of 1 forms are submitted.</p>	